SENDER: Complete items 1 and 2 when additional 3 and 4.  Put your address in the "RETURN TO" Space on the reversard from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) request.  Show to whom delivered, date, and addressee's an (Extra charge)	orse side. Failure to do this will prevent this provide you the name of the person delivered g services are available. Consult postmaster
B. Article Addressed to:	4. Article Number
SUSAN L VALENTINE	P 074 978 850
CORPORATE RISK MANAGEMENT ASST HOLNAM INC 6211 ANN ARBOR RD P O BOX 122	Type of Service:  Registered Insured COD Express Mail Return Receipt for Merchandise
DONDEE MI 48134	Always obtain signature of addressee or agent and DATE DELIVERED.
Signature — Agent	8. Addressee's Address (ONLY if requested and fee paid)
Millian What	

